College news

Election to Council

Fellows may have noticed an apparent discrepancy between the notice of the forthcoming Election to Council and the reference in the President's Newsletter circulated in March to the repeal of the rule under which Fellows of under 10 years' standing are not eligible for election to Council. Eligibility for Council is governed by the College Charters and the repeal of this limitation will become effective only when the new Consolidating Charter is granted. Unfortunately this is still awaited and the current Election must therefore be conducted under the terms of the existing Charters.

Annual Meeting of Fellows and Members

The 1976 Annual Meeting will be held in Leeds on 24th and 25th September and will include symposia of interest to surgeons, dental surgeons, and anaesthetists. The detailed programme will be circulated to all Fellows resident in Britain; those normally overseas who wish to attend should obtain a copy from the Secretary of the College.

Faculty of Anaesthetists

At the election to the Board of Faculty of Anaesthetists of the Royal College of Surgeons of England held on 3rd March 1976 Dr R S Atkinson, of Southend General Hospital, and Professor Donald Campbell, of the Glasgow Royal Infirmary, were elected.

Sir Ludwig Guttman

Sir Ludwig Guttman CBE FRCS has been elected to the Fellowship of the Royal Society.

Donations to the College

During the past few weeks the following generous donations have been received:

Four covenants totalling £3315.29.
Six legacies totalling £14 084.88.
Gifts of £500 and over totalling £1000.00.
Gifts under £500 totalling £3771.42.

Higher training programmes in orthodontics

The Specialist Advisory Committee in Orthodontics of the Joint Committee for Higher Training in Dentistry is now in a position to receive and consider applications for recognition of higher training programmes in this specialty.

Information about the criteria for approval of programmes and application forms for completion in respect of existing senior registrar or equivalent posts have now been sent to all Regional Administrators in England or corresponding administrators in Wales, Scotland, Northern Ireland, and Eire with a request that relevant centres be informed and given the opportunity to apply for recognition.

When completed applications have been received the SAC will arrange to send visitors to discuss and inspect the training programmes.

College Evening

A College Evening will be held on Monday 14th June at 6 p.m. The title of the discussion will be 'Tumours of the kidney' and Mr D Innes Williams FRCS will take the chair. Details of the programme and speakers are yet to be arranged.

Pancreatic transplantation

The following lectures will be delivered in the College on Wednesday 12th May 1976:

Chairman: Sir Rodney Smith KBE PRCS

2 p.m. Arris and Gale Lecture—Experimental islet transplantation—Dr A Georgakakis MD (King Paul Hospital, Athens, formerly Institute of Basic Medical Sciences).

3.15 p.m. Hunterian Lecture—Isolation and transplantation of islets of Langerhans with the aim of treating diabetes mellitus—Professor Miles Fox FRCS (Sheffield Royal Hospital).

4.15 p.m. Tea.

Chairman: Mr Peter Bevan FRCS

4.45 p.m. Arris and Gale Lecture—The current state of transplantation of the pancreas—Mr J Collin FRCS (University of Newcastle upon Tyne).

There is no charge for attendance at the above lectures, at which all medical practitioners and advanced students will be welcome, and tickets are not required.

Faculty of Dental Surgery: Anniversary Dinner

The Faculty of Dental Surgery's Twenty-Ninth Anniversary Dinner is to be held on Friday 18th June at the Royal College of Surgeons, and the cost of a dinner ticket is £9.00. This includes predinner drinks and wine at table. Dinner will be 7.15 for 7.45 p.m. and dress will be dinner jackets without decorations.

Applications for tickets must be accompanied by a cheque made payable to the 'Faculty of Dental Surgery' and forwarded to the Administrative Assistant, Faculty of Dental Surgery, Royal College of Surgeons, Lincoln's Inn Fields, London WC2A 3PN. Closing date for applications is Friday 21st May.

College Dinner

The College Dinner on Wednesday 9th June will be followed by a talk by the Right Honourable Lord Denning, Master of the Rolls.

Applications for tickets for the Dinner, price £7.00 including cocktails and wines at table, should reach Mr W F Davis at the College not later than a week before the date of the Dinner.

Award of diploma

At a meeting held on 11th March the Executive Committee of the College, with the authority of the Council, granted a diploma of Fellowship to A K L Addison.

MRCPath examination regulations

Fellows of the surgical Colleges in Great Britain and Ireland will be exempted, under the new regulations for the MRCPath, from the Primary MRCPath examinations. In addition the new regulations provide that two years' clinical work after admission to the British Medical Register (or equivalent) will count as one year towards the training for the Final MRCPath examination. Further details may be obtained from the Registrar of the Royal College of Pathologists.

Mackenzie Mackinnon Streatfeild Research Fellowship

Applications are invited for a fellowship in medical or surgical research, available not earlier than 1st September 1976 and tenable up to three years, subject to annual reappointment, at £4000 a year. Research may be conducted at any centre approved by the appointing committee and may be part-time; a proportion of the award may be used for research expenses at the discretion of the holder's supervisor.

Applicants must hold a medical qualification registrable in Great Britain or Ireland or a university degree (not necessarily in medicine) and must apply through the Dean of a medical school. Further details on the mode of application may be obtained from Miss H G Child, Principal Administrative Assistant, Royal College of Surgeons, 35/43 Lincoln's Inn Fields, London WC2A 3PN, by whom applications must be received not later than 30th June 1976.

Jacksonian Prize

The Council invite the submission of dissertations for the 1976 award of the Jacksonian Prize, which consists of the sum of £52.50 and a bronze medal. The Prize is open to Fellows and Members of the College, Fellows in Dental Surgery, and Fellows in the Faculty of Anaesthetists. Dissertations must be related to a practical subject in surgery.

Intending candidates are strongly advised to obtain the full regulations from the Secretary of the College, who must be notified of the subject proposed not less than six calendar months before the closing date for receipt of dissertations, which is 31st December 1976.

Deaths of Fellows, 1975

In addition to those listed in the January and March issues the following Fellows are known to have died during 1975:

COCKER, James Percy FDSRCS
FRIEND, Lewis Anthony FDSRCS
HORN, Joshua Samuel FRCS
NORRISH, Reginald Eric TD FRCS
READER, Norbert Leo Maxwell FRCS

IN MEMORIAM

Arthur Dickson Wright MS FRCS Hon. FRCSI DTM&H

Mr Arthur Dickson Wright, surgeon to St Mary's Hospital and former Vice-President of the Royal College of Surgeons, died in St Mary's Hospital on the 6th January 1976.

He was a surgeon outstanding in the golden years of surgery when the discovery of antibiotics and other wide clinical advances offered such great opportunities to men of sufficient calibre to meet them.

He was born in Dublin on 5th May 1897, the son of Dr Edward Wright, who later practised in Maida Vale. After service in the Royal Flying Corps in the First World War he graduated at St Mary's in 1922 and, after his house appointments, went to Malaya, where he became Professor of Surgery in Singapore at the age of 26.

When he returned to St Mary's in 1930 as Assistant to the Surgical Unit he was at once recognized by staff and students as a brilliant surgeon to whom disease in every region of the body offered a challenge. In the days before the disciplines of surgery became so compartmented his mastery embraced surgery of the central nervous system, endocrinology, and thoracic, vascular, gastrointestinal, urological, and orthopaedic diseases, and he continued to work in all these fields throughout his active life. Inevitably the burden of his work became immense and his capacity and stamina in coping with it legendary.

Group II — Preventive dentistry/dental public health
Orthodontics
Paedodontics
Radiology
Periodontology
Conservative dentistry
Prosthetic dentistry

They will be tested in the following manner:

Group I subjects
One-hour projection session
One two-hour written paper
One clinical with long and short cases with 30 minutes for patient examination and 30 minutes clinical viva

Group II subjects
One-hour projection session
One two-hour written paper
One clinical with long and short cases with 30 minutes for patient examination and 30 minutes clinical viva
Viva 'Assessment of practical dental surgery techniques', 30 minutes

It will be noted that the practical examination on patients has been dropped in favour of a viva 'Assessment of practical dental surgery techniques'. This will be a rigorous, structured viva to assess the candidate's practical ability over several areas of dental practice and should form a more meaningful assessment than the one task demanded by the present practical examination.

The projection session is an innovation inspired by the MRCP (UK) examination. All candidates will assemble in a suitable lecture theatre and have in front of them numbered question sheets on which there are spaces for brief written answers. A numbered slide, corresponding to the question, will be projected and the candidate will have two minutes to write down the answers to the question before moving on to the next. The projected material may consist of case histories, laboratory data, histopathological material, radiographs, or clinical photographs. The questions on the sheet will be so planned as to make the utmost brevity possible in the written answers. By this means it will be possible to test knowledge over a wide area.

The Final Fellowship will continue to be an examination firmly based on clinical practice and requiring a substantial postgraduate knowledge of dentistry in general, including those aspects of medicine and surgery that are an integral part of dental practice. It will be designed to provide a fair and appropriately demanding assessment of the basic postgraduate training that must precede advanced training in a number of specialist disciplines.

CEREMONY FOR THE PRESENTATION OF DIPLOMATES

At a ceremony held on 7th January 1976 new diplomates of the College were presented to the President. After the formal ceremony the following address was delivered by Sir Michael Swann FRS, Past Vice-Chancellor of the University of Edinburgh and Chairman of the Board of Governors of the British Broadcasting Corporation.

Presentation ceremonies, as this is, or graduation ceremonies as universities call them, have always seemed to me to be rather alarming affairs. I should know, because as a vice-chancellor myself for nine years I presided at 40 or 50 of them in the ancient University of Edinburgh.

I got off to a singularly unfortunate start, all because my predecessor in office, as a rather short man, found it difficult to reach up to the tallest undergraduates and tap them on the head with a cap made, allegedly, from John Knox's breeches. He therefore had the vice-chancellorial throne, a massive piece of furniture, mounted on a little elevated dais—but he never got it screwed down. So that each time I stood up or sat down I edged it, unbeknownst, towards the back edge of the dais until, some two-thirds of the way through the ceremony, there was an almighty crash, followed by a sharp yelp, and I looked round to see one of the medical professors writhing in pain underneath the throne. Well, the throne was reinstated, the professor was tended by his innumerable colleagues, and the ceremony went on. But I have been rather nervous ever afterwards.

Not that that was the only thing that used to go wrong. Girls in mini-skirts and platform shoes under their gowns were liable to trip up on the stairs to the platform; students were sometimes so mesmerized by the dignity of the occasion that they couldn't think what to do when they'd been capped. Deans occasionally failed to call out a name, and a disconsolate would-be graduate hung about embarrassedly until someone sorted things out. But at least I only had to stand there capping the steady flow of humanity.

This, like all sorts of repetitive manual labour, is, as you know, not conducive to clear, constructive thought. So that I never really reflected on what I would want to say to all these graduates as they left the university, wiser and better qualified in a myriad of ways, to set about making use of what they had learnt. Well, this time it's different, as you see. I have to talk.

It would, I am quite sure, be superfluous to remind you that you belong to one of the oldest and noblest professions. It is quite a long time since most of you took the Hippocratic Oath and if, in common

with every other patient in the world, I hope you never forget what it says, I have to go on to say that the problems that are likely to beset you for the rest of your working lives require not only a dedication to that historic code of conduct but thought and dedication that goes a good deal further still.

These further problems are going to hit some of you later than others. For many of you are going back to what is often now called the Third World, the developing countries, where the economy can, as yet, support medicine at only a fraction of the relatively lavish level to which we've been accustomed in Britain and the West.

This, goodness knows, can make your jobs difficult, and at times agonizing. But you from the Third World have one great advantage which is fast slipping away from medicine in this country—namely, a widespread social conviction that just as fast as the economy grows and can bear it, so also will medicine grow. You will, of course, have the further advantage that much of the necessary research and development has already been done, and you will be taking part in a much faster and more effective medical revolution than the West did. What took them 150 years will take you much less. And unless economic and political crises determine otherwise you will see much of it in your own working lifetimes.

By contrast the rest of you, from the Western world, are not so much in the agreeable position of travelling hopefully as in the altogether more awkward position of having arrived. In Britain, for instance, you are part of a National Health Service that cost the nation getting on for £4000m in total in 1973/4, and in this current year will cost a great deal more still—something like a fifth of government expenditure. It is inconceivable that this can rise, proportionately, much more, and it is altogether more likely to fall.

In spite of this unbelievable expenditure of talent, money, and effort I doubt if anyone believes that our provision for health is anything like as good as it should be, or could be. Care and treatment have always lagged behind our knowledge of what is possible, and it begins to look as though they always will.

When one looks at this from one's own corner the whole situation seems absurd, scandalous even. How often does one hear some enthusiastic doctor, desperate for more facilities, for kidney machines perhaps, saying that if only some item of public expenditure—the bread subsidy, for example—were diverted to his own concerns everything would be all right for all time. It wouldn't, of course. The steady flow of new discoveries looks like exposing new possibilities far into the future, and every new possibility generates pressure for more treatment, which means more buildings, more equipment, more doctors, more supporting staff, and more money. The growth has got to stop somewhere, and it looks very much as though it is in fact already stopping. This has clearly not been the result of some rational and argued government decision that we are now using the right amount of government money and talented manpower on medicine. Like most government decisions, it is rather that all sorts of other calls on the national resources—industrial salvage operations, welfare, education, housing, the list is endless—have become in the politicians' eyes more pressing than health. And the politicians are not necessarily wrong—their job after all is to assess the national mind in such matters and anyone who reads the papers or, dare I say it, listens to the BBC can hardly doubt that health is no longer the thing in Britain for which more is most powerfully demanded—other, that is, than by the Health Service itself.

Now although the economic situation makes it all too likely that expenditure on health will be doing well if it even remains constant in real terms, can one perhaps look further ahead to better times and hope that the Health Service's share of the national budget will start rising again? Well, perhaps it will, though I wonder which particular slice of the national cake is to be diminished to pay for it. My own gloomy guess is that, given so large a slice already, the Health Service's share can rise only a very little more and that very slowly.

While this is sad, I don't regard it as total disaster. The world is full of things that could be better done given more money, and I doubt if any corner of society can ever be given all it would like or that it deserves. And I believe we have got to accustom ourselves to a realization that the possibility of better treatment for human ills no longer means, as it has in recent years, that society will automatically provide the means.

All this implies one thing very clearly: that medicine in Britain in the years to come has some very hard and difficult decisions to take. There is no reason to suppose that the present disposition of men and money is the right one, and if the total resources are likely to be static, then more of one kind of medicine can only mean less of another. How do we weigh up one specialty against another, or hospitals against general practice, or care of the young against care of the old? The problems, all carrying difficult ethical overtones, begin to look alarming, and the profession has scarcely begun to appreciate them. For a long time it has been possible to do at least a bit more of everything and thereby avoid having to think uncomfortable thoughts. That time, I believe, is over.

Set against these difficulties, the present troubles of the Health Service, its over-bureaucratization, and the sight of doctors and the Government wrangling about overtime and private practice, with actions and attitudes all round more attuned to a nationalized industry than to a noble profession—all these things, deeply distressing as they are to the rest of us, are minor and transitory by comparison with the real problems that lie ahead.

But in the end I have faith in the profession, as I'm sure you have. The present troubles will melt away. And the future problems that I have touched on will, in due course, get tackled, and in due course get solved. All of you will play some part in this, and I wish you well.

FACULTY OF DENTAL SURGERY

Eighteenth Scientific Meeting, 21st February 1976 — 'Anaesthesia and sedation for the dental outpatient'

A large audience, composed of both dental surgeons and anaesthetists, gathered on Saturday 21st February to attend the Eighteenth Scientific Meeting of the Faculty of Dental Surgery for a symposium entitled 'Anaesthesia and sedation for the dental outpatient'. The Dean, Mr J H Hovell, introduced the proceedings and the first speaker, Dr R A Green, of the Royal Free Hospital, who debated the question 'Endotracheal intubation—luxury, necessity, or added danger?', accepting that the technique was an undisputed luxury for both surgeon and anaesthetist. It provides good access, quiet conditions, and prolonged operating time for the former and a protected airway with time to concentrate on the circulation and depth of anaesthesia for the latter. He then discussed the added dangers for the patient, the problems of drug side effects, the difficulties of intubation and extubation, and the postoperative sequelae, arguing that with proper training and care the anaesthetist can minimize or avoid the majority of these.

After a break for coffee Dr T Boulton, of the Royal Berkshire Hospital, Reading, presented the subject 'Intermittent intravenous anaesthesia—hazard or method of choice?' After discussing the nature of intermittent intravenous anaesthesia (general anaesthesia or analgesia) he contrasted the use of methohexitone with relative analgesia and with diazepam, concluding that intermittent intravenous anaesthesia had been an important milestone and at one time a method of choice, but that today central sedation is preferable. He argued for the greater use of augmented local anaesthesia wherever possible and emphasized the importance of day-stay units when more ambitious techniques are unavoidable.

Professor J A Thornton, of Sheffield, then tackled the controversial issue of 'The supine position—proven case or hobby-horse?' Arguing from the premise of a totally unacceptable death rate from outpatient dental anaesthesia, he considered the rival claims of the protagonists of the vertical and horizontal positions, deploying the criteria of cerebral blood flow, airway security, and cardiovascular stability. Professor Thornton argued strongly for the horizontal position on the last-named criterion, instancing the high preoperative resting pulse rate, the very variable heart rate during anaesthesia, the labile blood pressure, and the incidence of dysrhythmias during anaesthesia in the vertical posture. He concluded that, while no position can guarantee safety, the danger of oxygen deprivation of the brain is greatest in the upright position owing to the cardiovascular changes. Respiratory considerations are less conclusive. The audience divided on this issue during a lively discussion of the morning's topics, with several carefully reasoned contributions from the floor. In particular, several speakers felt that insufficient weight had been given to the problems of cardiac insufficiency, and it was clear that deep divisions of opinion still exist on this issue among the best-informed and most experienced dental anaesthetists.

The afternoon session was opened by Dr D J Verrill, of University College Hospital, who discussed 'Sedation—using Valium'. After equating sedation with the first two stages of central nervous system depression—tranquillization and hypnosis—he described the early days of diazepam (Valium) in the 1960s and presented the results of two clinical series, concentrating on amnesia and the usefulness of ptosis as a clinical guide. The possibility of apnoea after higher doses of intravenous diazepam and the phenomenon of a second blood level after initial disappearance (probably a manifestation of a biphasic metabolism of the drug) were mentioned, and the properties of an ideal sedative were set up for comparison. Diazepam emerged with a good reputation.

Dr Murray Lawson, of Dundee University, spoke of his 'Experience with pentazocine', setting out the pharmacology of the drug and indicating that he thought that its main disadvantage for dentistry lies in the wide variation in individual response and recovery. Used on its own, pentazocine appears less effective as a sedative than diazepam. Dr Lawson then went on to describe a trial designed to answer the question 'Does pentazocine reduce the dose of diazepam for a given level of sedation?' The results seemed to indicate that this is so, but further investigation was deemed necessary.

Finally Mr G J Roberts, of the Royal Dental Hospital, gave a very clear exposition of 'Inhalational sedation and analgesia', describing in detail the technique of relative analgesia with nitrous oxide and oxygen using specially designed apparatus to administer the drugs. He emphasized the safety mechanisms built into the machine and inherent in the technique and spoke of the medical and dental assessment currently being undertaken at the Royal Dental Hospital. The potential usefulness of this technique, particularly for the nervous child, was made apparent to all.

After a further lively discussion period Professor A S Prophet, who had organized the symposium and chaired the sessions, closed the meeting with a brief sampling of the speakers' views on postgraduate education in dental anaesthesia. He should be well pleased with a most informative and stimulating day, surely a landmark in the mutual adjustment of two specialties to rapidly changing times and clinical philosophies.

REPORT OF THE BOARD OF EXAMINERS FOR THE FELLOWSHIP IN DENTAL SURGERY, 16th JANUARY 1976

Fifty-three candidates presented themselves for the Final Examination for the Fellowship in Dental Surgery, 14 of whom acquitted themselves satisfactorily.

The following are the names of the 14 candidates who are therefore entitled to the Diploma of Fellow in Dental Surgery:

SHAW, Michael Jeremy LDSRCS (*RDH*).
COATE, Christopher Ernest Henry LDSRCS (*RDH*).
PRICE, Joseph David LDSRCS (*Leeds*).
DAY, Stephen Robert LDSRCS (*UCH*).
§SCHILD, Barbara Ann Beatrice LDSRCS (*UCH*).
ROBINSON, Paul Derek LDSRCS (*Guy's*).
LAWLOR, Michael Gerard (*Dublin*).
HODGKINS, Jeremy Frederick William (*KCH*).
§FISKE, Janice Ann (*Liverpool*).
§GIEDRYS, Elaine (*Bristol*).
HUNTER, Stephen Brewster (*The London*).
JONES, John Warren (*Leeds*).
ROBINSON, Peter Philip (*Sheffield*).
JARVIS, Ross Geoffrey (*Sydney*).

§Woman.

REPORT OF THE BOARD OF EXAMINERS FOR THE FELLOWSHIP IN THE FACULTY OF ANAESTHETISTS, 6th FEBRUARY 1976

At the recent Final Examination for the Fellowship in the Faculty of Anaesthetists 257 candidates presented themselves for the examination, 96 of whom acquitted themselves satisfactorily.

The following are the names of the 93 candidates who are entitled to the Diploma of Fellow in the Faculty of Anaesthetists:

PROCTER, Andrew James McGill MRCS (*Guy's*).
BELL, John Keith MRCS (*Guy's*).
HARRIS, Simon James MRCS (*St Bart's*).
RICHARDSON, John MRCS (*St George's*).
BARBIER, Brian Francis MRCS (*Westminster*).
MOSLEY, Harley Sutherland Lewis MRCS (*West Indies*).
EDBROOKE, David Louis MRCS (*Guy's*).
§GRANT-LEWIS, Beverly Elaine MRCS (*Leeds*).
SOLLEY, Anthony Peter MRCS (*St Bart's*).
§MAY, Annabel Jane MRCS (*St Mary's*).
MAYNARD, John Patrick MRCS (*Charing Cross*).
BENTLEY, Stephen Charles MRCS (*KCH*).
HALL, Peter John MRCS (*Manchester*).
JOHNSTONE, Reginald Douglas MRCS (*Liverpool*).
RUTTER, Timothy William MRCS (*Westminster*).
DAVIES, John Richard MRCS (*St Bart's*).
KHALIL, Khalil Ibrahim (*Cairo*).
EL-ITRIBY, Mostafa Kamal Ahmed (*Cairo*).
SAHAL, Brij Bhooshan Punjab (*India*).
BISHAY, Samir Samuel (*Cairo*).
SRIDHAR RAO, Wurvokonda (*Osmania*).
CHHAYA, Ushakant Harprasad (*Bombay*).
KHALAFALLA, Farouk Ismail Ahmed Mohamed (*Cairo*).
KEILANI, Mahmoud Rashid Zeid (*Cairo*).
§RAMALINGAM, Thilakeswari (*Ceylon*).
BAILEY, Philip Wellesley (*St Bart's*).
§COLLIER, Isobel Felicity (*Belfast*).
§JOSEPH, Rita Adriana (*Ireland*).
EDGE, William George (*Edinburgh*).
GALLAGHER, Brian Louis Stephens (*Belfast*).
§GOONESEKERA, Ranjini Princie Swinitha (*Ceylon*).
MIRAKHUR, Rajinder Kumar (*Jammu and Kashmir*).
BULL, Peter Townley (*Liverpool*).
COLLURE, Don Bertram Mahendra (*Ceylon*).
RAJASEKARAN, Thevigarany (*Ceylon*).
§CLARKE, Janice Marguerite (*Wales*).
COLLYER, John (*St Mary's*).
JOSHI, Vinod Shankar (*Rajasthan*).
§McAULIFFE, Romayne Lesley (*Sydney*).
PARNELL, Ronald Douglas (*Sydney*).
SLAZENGER, Michael (*Dublin*).
STEWART, Donald Norman (*W Australia*).
DONALD, John Buchan (*Edinburgh*).
FANCHETTE, Michel Gerard (*St Mary's*).
FARRELL, Michael Conleth (*St Mary's*).
FORSTER, Stephen James (*Liverpool*).
McINTOSH, Bruce Melville McKenzie (*West Indies*).
§PARKER, Hannah Margaret (*Melbourne*).
RAITT, David Gordon (*Aberdeen*).
§WILLIAMS, Bronwyn Elizabeth (*Sydney*).
ZACHARIAS, Mathew (*Kerala*).
§BOURNE, Susan Patricia (*Westminster*).
DOBSON, Michael Buteux (*Edinburgh*).
DUNN, Brendan Spencer (*West Indies*).
ELLIOTT, Donald Johnston (*Bristol*).
§ISMAIL, Glenys June (*W Australia*).
LONG, David Howard (*Bristol*).
NOTCUTT, William George (*Birmingham*).
§PANTIN, Priscilla Leslie (*Guy's*).
ROBSON, Guy Ernest William (*Leeds*).
§TESSENSOHN, Marilyn Anne (*Singapore*).
THIO, Anthony Koon-Loon (*Singapore*).
§THORP, Josephine Mary (*Leeds*).
WONG, Fuh Yuen (*Singapore*).
BAXTER, Alan Dawson (*Middlesex*).
BYRNE, Andrew Jolyon (*Sheffield*).
§CAIN, Patricia Anne (*Manchester*).
CALDER, Ian (*Liverpool*).
CLARK, George Philip Malcolm (*St Bart's*).
§EUSTACE, Ruth Whiteside (*Dublin*).
§FERREIRA, Susan Mary (*UCH*).
HUGHES, Brian John (*UCH*).
KEILLER, Nigel Patrick (*St Thomas's*).
KNIGHT, Christopher Lloyd (*St Thomas's*).
LAMPLUGH, Geoffrey (*Liverpool*).

§Woman.

LEE, Andrew Philip Bailiffe (*Liverpool*).
LEY, David Alan (*Bristol*).
MACKENZIE, Kenneth (*Glasgow*).
§MACKERSIE, Angela Mary (*UCH*).
§MERRIMAN, Honor Mary (*Westminster*).
NEWBY, David Malcolm (*Leeds*).
ROSE, Nigel Maxwell (*Oxford*).
§ROUSE, Jane Margaret (*St Mary's*).
SHEARER, Alfred James (*Aberdeen*).
§STANFORD, Barbara Jane (*St Thomas's*).
STEWART, Alexander Ian (*Birmingham*).
§TAYLOR, Susan Diane (*Sheffield*).
THOMS, Gavin Malcolm MacThomas (*Edinburgh*).
THORNTON, Richard John (*St Thomas's*).
VENDRYES, Horace Anthony (*West Indies*).
WHITE, Peter John (*Sydney*).
§FILSHIE, Jacqueline (*KCH*).
WARE, Robert John (*KCH*).

§Woman.

APPOINTMENTS OF FELLOWS TO CONSULTANT AND SIMILAR POSTS

R GUPTA, FRCS Consultant Ophthalmologist, Stockport AHA and Macclesfield Hospital.
R N CHAN, FRCS Consultant Orthopaedic Surgeon, Leicestershire AHA.
J M CAPPIN, FRCS Consultant Ophthalmologist, Leicester Royal Infirmary.
S C MULLICK, FRCS General and Vascular Surgeon, Bon Secours Hospital, Methuen, Lawrence General Hospital, and Boston City Hospital, Boston, Massachusetts.
N A MACKINNON, FRCS Consultant ENT Surgeon, Chester District, Cheshire AHA.
R TREGGIDEN, FDSRCS Consultant Dental Surgeon, Manchester AHA (T) and Stockport AHA.
D J COWLEY, FRCS Consultant General Surgeon, Blackpool District, Lancashire AHA.
B D HANCOCK, FRCS Consultant Surgeon, Manchester AHA (T).
I D C AUSTIN, FRCS Consultant Orthopaedic Surgeon, John F Kennedy Medical Center, Monrovia, Liberia.
M GRIPPAUDO, FRCS Consultant ENT Surgeon, Hounslow District, Ealing, Hammersmith, and Hounslow AHA (T) and Kingston and Richmond AHA.
C L DODD, FRCS Consultant Ophthalmologist, Manchester AHA (T).
K HARDINGE, FRCS Consultant Orthopaedic Surgeon, Wrightington Hospital, Lancashire AHA.
P FORNALL, FRCS Consultant Surgeon in Paediatric Surgery, Central Birmingham District, Birmingham AHA (T).
A R TURNER, FRCS Assistant Professor of Surgery, Pahlavi University, Shiraz, Iran, and Attending Surgeon, Nemazee Hospital, Shiraz.
B McC O'BRIEN, FRCS. Director, Microsurgery Research Unit, St Vincent's Hospital, Melbourne.

COLLEGE DIARY

May

Tuesday 4
Arnott Demonstration—Dr C Piasecki—Localizing factors in peptic ulceration (4.30 p.m.).
Thursday 6
Regional Advisers and Surgical Tutors (11 a.m.).
Otolaryngology Lecture—Mr A W Morrison—The diagnosis and treatment of acoustic neuroma (5.30 p.m.).
Wednesday 12
Pancreatic Transplantation Lectures (for details see page 245)
Friday 14
Basic Medical Sciences lectures and demonstrations end.
Saturday 15
Faculty of Anaesthetists Scientific Meeting—The coronary circulation—(*in Edinburgh*).
Monday 17
Final LDS (Part I) and DPH examinations begin.
Wednesday 19
Day release course in Basic Medical Sciences ends.
Monday 24
First LDS examination begins.
Wednesday 26
Conference on the Teaching of Anatomy (9 a.m.–5 p.m.).
Lister Oration—Professor John Charnley CBE —The origins of postoperative sepsis in elective surgery (5 p.m.).
Court and Council Dinner.
Thursday 27
DPM (Parts A and B) examination begins.
Saturday 29
College closed.
Monday 31
BANK HOLIDAY—College closed.

June

Tuesday 1
Final LDS (Part III) and First Membership examinations begin.
Thursday 3
Primary Fellowship examination begins.
Friday 4
Basic Dental Sciences lectures and demonstrations end.
Monday 7
DLO (Part I) examination begins.
Wednesday 9
College Dinner (7.30 p.m.).
Thursday 10
Ordinary Council. Co-option to Council and Annual Election of Examiners (2 p.m.).
Edridge-Green Lecture—Professor R A Weale—The biological significance of optical illusions

(3 p.m.) (*at the Institute of Ophthalmology, Cayton Street, London EC1*).
Gordon-Taylor Memorial Lecture—Professor E W Walls—Sir Gordon Gordon-Taylor: Surgeon, anatomist, and humanist (5 p.m.).

Monday 14
College Evening—Tumours of the kidney (6 p.m.).
Final FDS, DLO (Part II), and DPM (Part C) examinations begin.

Wednesday 16
Board of Faculty of Anaesthetists (2 p.m.).

Friday 18
FACULTY OF DENTAL SURGERY ANNIVERSARY
Board of Faculty of Dental Surgery (11.15 a.m.).
Charles Tomes Lecture—Problems and paradoxes of *Candida albicans* infections—Professor R A Cawson (3 p.m.).
Annual Meeting (3.45 p.m.).
Anniversary Dinner (7.15 for 7.45 p.m.).

Monday 21
Final Membership examination begins.

Wednesday 23
Hunterian Trustees (4 p.m.).
Arnott Demonstration—Miss Jessie Dobson—Richard Owen's museum friends (5 p.m.).
Primary FDS and DO. Examinations begin.

Monday 28
DPhysMed and DAvMed examinations begin.

Tuesday 29
DIH examination begins.

July

Thursday 1
Election to Council (11 a.m.).
Final FFA examination begins.

Wednesday 7
BUCKSTON BROWNE FESTIVAL.
Ceremony of Presentation of Diplomates (11.30 a.m.).
Buckston Browne Dinner (7.15 for 7.45 p.m.).

Thursday 8
Quarterly Council. Election of President, Vice-Presidents, and Lecturers (2 p.m.).

Monday 12
DDPH and DTM&H examinations begin.

Notices

Hunterian Museum, Royal College of Surgeons of England

The Board of Trustees of the Hunterian Collection are offering copies of the following publications at the reduced price of £1 per volume (plus 50p to cover postage and packing):

Descriptive Catalogues of the Hunterian Collection
Pathological Series, Part II (1972)
Physiological Series, Part I (1970)
Physiological Series, Part II (1971)

History of the Trustees of the Hunterian Collection by Sir Victor Negus (1966)

In addition, a few copies of Pathological Series Part I (1966) are still available at the published price of £5.40 (plus 50p postage and packing).

The reduced price applies only to volumes obtained directly from the College. Orders, accompanied by the appropriate remittance payable to 'The Royal College of Surgeons of England', should be addressed to the Curator of the Hunterian Museum, Royal College of Surgeons, 35/43 Lincoln's Inn Fields, London WC2A 3PN.

Tape–slides on basic science in surgery

The following is a list of tape–slides now available; other titles are in production. All these tapes have been produced by the Royal College of Surgeons of England and are intended for those taking higher diplomas in surgery.

The physiology of the breast in relation to surgery—Mr G J Hadfield (74–193). Experimental work on mouse as basis for hormone studies; application to hormonal control of breast cancer; duct hyperplasia. 19 slides. 17 min.

The applied physiology of the thyroid gland—Mr J S H Wade (74–160). Discusses histology; role of iodine in thyroid metabolism; synthesis, transport, and action of hormone; clinical and laboratory measurement of thyroid function. 56 slides. 51 min.

Thyroid anatomy in thyroid surgery—Mr Guy Blackburn (74–74). Discusses the position, vascular supply, recurrent laryngeal nerves, parathyroid glands, lymphatic drainage, and anomalies. 14 slides. 23 min.

Physiology of the gastro-oesophageal junction—Professor J Leigh Collis (74–71). Basic facts about the gastro-oesophageal area; anatomy in relation to physiology; functions of the junction; control of reflux. 15 slides. 20 min.

Parenteral nutrition—Professor Ivan Johnston (74–70). Characteristics of intravenous nutrition and of preparations available; carbohydrate, alcohol, fat, amino acids; planning an intravenous diet; biochemical monitoring; techniques of administration. 35 slides. 37 min.

Sutures in wound repair—Mr Ian Capperauld, Ethicon Ltd (75–32). Characteristics of the ideal suture and of sutures available; tensile strength, tissue reactivity, knotting, handling, sterilization, absorption. 17 slides. 26 min.